

976 Census of Canada

CAI
BS
-2009

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ROV.	FED No.	EA No.	HHLD No.
FOR INFORMATION ONLY			

2B

ADDRESS OR EXACT LOCATION:

(Street and No. or Lot and concession)

(City, town, village, municipality)

(Province)

PLEASE COMPLETE YOUR QUESTIONNAIRE ON
TUESDAY, JUNE 1

GUIDES TO HELP YOU

1. Before beginning, study the "Steps to follow when completing your census questionnaire" on page 1 of the Instruction Booklet and the example on page 2.
2. For "WHOM TO INCLUDE" in Question 1, refer to the back cover of this questionnaire.
3. Use a BLACK lead pencil to fill circles "○" like this "●". Please do not make any (X) or (✓) marks.
4. If you fill the wrong circle, erase the mark completely.
5. Where "PRINT-IN" answers are required, please print clearly.
6. The Instruction Booklet should provide the answers to any problems that may arise. If not, don't hesitate to call our Telephone Assistance Service. The numbers to call are listed on the cover of this questionnaire and all calls are free of charge.

NOTE:

If anyone in your household (e.g., boarders, lodgers) wishes to be enumerated on a separate census form:

1. Enter complete name, relationship and sex on page 2 of this form, and
2. list the names in the "HOUSEHOLDER COMMENTS" section on the back of this questionnaire.

IMPORTANT

To Foreign Residents

If all members of this household are:

- persons temporarily visiting Canada; or
- students whose usual residence is outside Canada; or
- government representatives or members of the Armed Forces of another country and their families; or
- workers and their families here seasonally on special employment visas;

Fill this circle "○" and complete Questions H3 to H7 on page 3.

To Temporary Residents

If all members of this household are:

- staying here temporarily; and
- have a usual home elsewhere in Canada;

Fill this circle "○" and complete Questions H3 to H7 on page 3.

Aux francophones: Si ce questionnaire anglais vous a été remis par erreur et si vous désirez un questionnaire français, veuillez appeler le Service auxiliaire téléphonique. Le numéro à composer figure sur la couverture. On vous remettra un questionnaire dans la langue de votre choix.

1. Print the NAMES of usual residents of this dwelling on June 1, 1976: (a) who are present in this dwelling, (b) or temporarily away (such as on business, at school, in hospital, etc.). Include persons with no other home. For definitions and order of listing, see Instruction Booklet.	2. RELATIONSHIP TO HEAD OF HOUSEHOLD The HEAD of household is: EITHER the husband OR wife; the parent where there is one parent only, with unmarried children; or any member of a group sharing a dwelling equally. "Other" should include grandchild, uncle, aunt, nephew, niece, in-laws such as brother-in-law or daughter-in-law, etc., employee, partner, lodger, employee's wife, lodger's son, etc. Fill one circle only or specify	3. SEX Fill one circle only	4. MARITAL STATUS Fill one circle only	5. MOTHER TONGUE Language FIRST spoken and STILL UNDERSTOOD Fill one circle only or specify	6. DATE OF BIRTH			
					MONTH AND YEAR OF BIRTH	MONTH OF BIRTH	YEAR OF BIRTH	
							DECADE (Such as the 1970's, 1960's, 1950's, etc.)	ACTUAL YEAR (in decade)
PERSON 1 ----- Last name ----- First name Initial	<input type="radio"/> HEAD of household <input type="radio"/> Son or daughter of head <input checked="" type="checkbox"/> <input type="radio"/> Father or mother of head <input checked="" type="checkbox"/> <input type="radio"/> Brother or sister of head <input checked="" type="checkbox"/> ----- Other (specify)	Male <input type="radio"/> Female <input type="radio"/>	<input type="radio"/> Single (never married) <input type="radio"/> Now married <input type="radio"/> Widowed <input type="radio"/> Divorced <input type="radio"/> Separated	<input type="radio"/> English <input checked="" type="checkbox"/> <input type="radio"/> French <input checked="" type="checkbox"/> <input type="radio"/> German <input checked="" type="checkbox"/> <input type="radio"/> Italian <input checked="" type="checkbox"/> <input type="radio"/> Ukrainian ----- Other (specify)	Please print ----- Month ----- Year	Fill one circle only <input type="radio"/> Jan. to May <input type="radio"/> June to Dec.	Fill one circle only <input type="radio"/> 197 - <input checked="" type="checkbox"/> <input type="radio"/> 196 - <input type="checkbox"/> <input type="radio"/> 195 - <input type="radio"/> 191 - <input type="radio"/> 190 - <input type="radio"/> <input type="radio"/> 194 - <input type="radio"/> 189 - <input type="radio"/> 188 - <input type="radio"/> 187 - <input type="radio"/> 186 - <input type="radio"/> <input type="radio"/> 193 - <input type="radio"/> 192 -	Fill one circle only <input type="radio"/> 0 <input type="radio"/> 5 <input type="radio"/> 1 <input type="radio"/> 6 <input type="radio"/> 2 <input type="radio"/> 7 <input type="radio"/> 3 <input type="radio"/> 8 <input type="radio"/> 4 <input type="radio"/> 9
PERSON 2 ----- Last name ----- First name Initial	<input type="radio"/> Wife or husband of head <input type="radio"/> Son or daughter of head <input checked="" type="checkbox"/> <input type="radio"/> Father or mother of head <input checked="" type="checkbox"/> <input type="radio"/> Brother or sister of head <input checked="" type="checkbox"/> ----- Other (specify)	Male <input type="radio"/> Female <input type="radio"/>	<input type="radio"/> Single (never married) <input type="radio"/> Now married <input type="radio"/> Widowed <input type="radio"/> Divorced <input type="radio"/> Separated	<input type="radio"/> English <input checked="" type="checkbox"/> <input type="radio"/> French <input checked="" type="checkbox"/> <input type="radio"/> German <input checked="" type="checkbox"/> <input type="radio"/> Italian <input checked="" type="checkbox"/> <input type="radio"/> Ukrainian ----- Other (specify)	----- Month ----- Year	<input type="radio"/> Jan. to May <input type="radio"/> June to Dec.	<input type="radio"/> 197 - <input checked="" type="checkbox"/> <input type="radio"/> 196 - <input type="checkbox"/> <input type="radio"/> 195 - <input type="radio"/> 191 - <input type="radio"/> 190 - <input type="radio"/> <input type="radio"/> 194 - <input type="radio"/> 189 - <input type="radio"/> 188 - <input type="radio"/> 187 - <input type="radio"/> 186 - <input type="radio"/> <input type="radio"/> 193 - <input type="radio"/> 192 -	<input type="radio"/> 0 <input type="radio"/> 5 <input type="radio"/> 1 <input type="radio"/> 6 <input type="radio"/> 2 <input type="radio"/> 7 <input type="radio"/> 3 <input type="radio"/> 8 <input type="radio"/> 4 <input type="radio"/> 9
PERSON 3 ----- Last name ----- First name Initial	<input type="radio"/> Son or daughter of head <input checked="" type="checkbox"/> <input type="radio"/> Father or mother of head <input checked="" type="checkbox"/> <input type="radio"/> Brother or sister of head <input checked="" type="checkbox"/> ----- Other (specify)	Male <input type="radio"/> Female <input type="radio"/>	<input type="radio"/> Single (never married) <input type="radio"/> Now married <input type="radio"/> Widowed <input type="radio"/> Divorced <input type="radio"/> Separated	<input type="radio"/> English <input checked="" type="checkbox"/> <input type="radio"/> French <input checked="" type="checkbox"/> <input type="radio"/> German <input checked="" type="checkbox"/> <input type="radio"/> Italian <input checked="" type="checkbox"/> <input type="radio"/> Ukrainian ----- Other (specify)	----- Month ----- Year	<input type="radio"/> Jan. to May <input type="radio"/> June to Dec.	<input type="radio"/> 197 - <input checked="" type="checkbox"/> <input type="radio"/> 196 - <input type="checkbox"/> <input type="radio"/> 195 - <input type="radio"/> 191 - <input type="radio"/> 190 - <input type="radio"/> <input type="radio"/> 194 - <input type="radio"/> 189 - <input type="radio"/> 188 - <input type="radio"/> 187 - <input type="radio"/> 186 - <input type="radio"/> <input type="radio"/> 193 - <input type="radio"/> 192 -	<input type="radio"/> 0 <input type="radio"/> 5 <input type="radio"/> 1 <input type="radio"/> 6 <input type="radio"/> 2 <input type="radio"/> 7 <input type="radio"/> 3 <input type="radio"/> 8 <input type="radio"/> 4 <input type="radio"/> 9
PERSON 4 ----- Last name ----- First name Initial	<input type="radio"/> Son or daughter of head <input checked="" type="checkbox"/> <input type="radio"/> Father or mother of head <input checked="" type="checkbox"/> <input type="radio"/> Brother or sister of head <input checked="" type="checkbox"/> ----- Other (specify)	Male <input type="radio"/> Female <input type="radio"/>	<input type="radio"/> Single (never married) <input type="radio"/> Now married <input type="radio"/> Widowed <input type="radio"/> Divorced <input type="radio"/> Separated	<input type="radio"/> English <input checked="" type="checkbox"/> <input type="radio"/> French <input checked="" type="checkbox"/> <input type="radio"/> German <input checked="" type="checkbox"/> <input type="radio"/> Italian <input checked="" type="checkbox"/> <input type="radio"/> Ukrainian ----- Other (specify)	----- Month ----- Year	<input type="radio"/> Jan. to May <input type="radio"/> June to Dec.	<input type="radio"/> 197 - <input checked="" type="checkbox"/> <input type="radio"/> 196 - <input type="checkbox"/> <input type="radio"/> 195 - <input type="radio"/> 191 - <input type="radio"/> 190 - <input type="radio"/> <input type="radio"/> 194 - <input type="radio"/> 189 - <input type="radio"/> 188 - <input type="radio"/> 187 - <input type="radio"/> 186 - <input type="radio"/> <input type="radio"/> 193 - <input type="radio"/> 192 -	<input type="radio"/> 0 <input type="radio"/> 5 <input type="radio"/> 1 <input type="radio"/> 6 <input type="radio"/> 2 <input type="radio"/> 7 <input type="radio"/> 3 <input type="radio"/> 8 <input type="radio"/> 4 <input type="radio"/> 9
PERSON 5 ----- Last name ----- First name Initial	<input type="radio"/> Son or daughter of head <input checked="" type="checkbox"/> <input type="radio"/> Father or mother of head <input checked="" type="checkbox"/> <input type="radio"/> Brother or sister of head <input checked="" type="checkbox"/> ----- Other (specify)	Male <input type="radio"/> Female <input type="radio"/>	<input type="radio"/> Single (never married) <input type="radio"/> Now married <input type="radio"/> Widowed <input type="radio"/> Divorced <input type="radio"/> Separated	<input type="radio"/> English <input checked="" type="checkbox"/> <input type="radio"/> French <input checked="" type="checkbox"/> <input type="radio"/> German <input checked="" type="checkbox"/> <input type="radio"/> Italian <input checked="" type="checkbox"/> <input type="radio"/> Ukrainian ----- Other (specify)	----- Month ----- Year	<input type="radio"/> Jan. to May <input type="radio"/> June to Dec.	<input type="radio"/> 197 - <input checked="" type="checkbox"/> <input type="radio"/> 196 - <input type="checkbox"/> <input type="radio"/> 195 - <input type="radio"/> 191 - <input type="radio"/> 190 - <input type="radio"/> <input type="radio"/> 194 - <input type="radio"/> 189 - <input type="radio"/> 188 - <input type="radio"/> 187 - <input type="radio"/> 186 - <input type="radio"/> <input type="radio"/> 193 - <input type="radio"/> 192 -	<input type="radio"/> 0 <input type="radio"/> 5 <input type="radio"/> 1 <input type="radio"/> 6 <input type="radio"/> 2 <input type="radio"/> 7 <input type="radio"/> 3 <input type="radio"/> 8 <input type="radio"/> 4 <input type="radio"/> 9
PERSON 6 ----- Last name ----- First name Initial	<input type="radio"/> Son or daughter of head <input checked="" type="checkbox"/> <input type="radio"/> Father or mother of head <input checked="" type="checkbox"/> <input type="radio"/> Brother or sister of head <input checked="" type="checkbox"/> ----- Other (specify)	Male <input type="radio"/> Female <input type="radio"/>	<input type="radio"/> Single (never married) <input type="radio"/> Now married <input type="radio"/> Widowed <input type="radio"/> Divorced <input type="radio"/> Separated	<input type="radio"/> English <input checked="" type="checkbox"/> <input type="radio"/> French <input checked="" type="checkbox"/> <input type="radio"/> German <input checked="" type="checkbox"/> <input type="radio"/> Italian <input checked="" type="checkbox"/> <input type="radio"/> Ukrainian ----- Other (specify)	----- Month ----- Year	<input type="radio"/> Jan. to May <input type="radio"/> June to Dec.	<input type="radio"/> 197 - <input checked="" type="checkbox"/> <input type="radio"/> 196 - <input type="checkbox"/> <input type="radio"/> 195 - <input type="radio"/> 191 - <input type="radio"/> 190 - <input type="radio"/> <input type="radio"/> 194 - <input type="radio"/> 189 - <input type="radio"/> 188 - <input type="radio"/> 187 - <input type="radio"/> 186 - <input type="radio"/> <input type="radio"/> 193 - <input type="radio"/> 192 -	<input type="radio"/> 0 <input type="radio"/> 5 <input type="radio"/> 1 <input type="radio"/> 6 <input type="radio"/> 2 <input type="radio"/> 7 <input type="radio"/> 3 <input type="radio"/> 8 <input type="radio"/> 4 <input type="radio"/> 9

Questions H1 to H7 should preferably be answered by the **HEAD** of the household.

Note that a **DWELLING** is a separate set of living quarters with a **PRIVATE ENTRANCE** from outside or from a common hallway or stairway inside the building.

See definition in **INSTRUCTION BOOKLET**.

H1. Are there more than 6 persons in this household? • ☒

☐ Yes ☐ No

List 6 persons only on this form. Use the additional form provided to list other household members. If no additional form was provided, see Instruction Booklet.

H2. Is there anyone left out of **Question 1** because you were not sure whether he or she should be listed? ☒

☐ Yes ☐ No

For example, a student, a lodger who also has another home, a new baby still in hospital, or a former occupant of this household who has become a patient in a hospital or sanatorium within the past 6 months.

If "Yes", print name(s) here and the reason:

Name: _____

Reason: _____

Name: _____

Reason: _____

Name: _____

Reason: _____

Name: _____

Reason: _____

H3. How many visitors or other persons who have a usual home elsewhere in Canada stayed overnight on May 31/June 1?

☐ None ☐ 6 ☒
☐ 1 ☐ 7 ☒
☐ 2 ☐ 8 ☒
☐ 3 ☐ 9 ☒
☐ 4 ☐ 10 or more ☒
☐ 5 ☒

H4. At what Telephone number can your household be reached?

☐ No telephone ☒

H5. Do you enter your living quarters: ☒

- ☐ By a separate private entrance from outside?
- ☐ Through a common hall or passageway?
- ☐ Through someone else's living quarters?

H6. Is this dwelling:

- ☐ Owned or being bought by you (or a member of this household)?
- ☐ Rented (even if no cash rent is paid to the landlord)?

SEE DRAWINGS OF TYPES OF DWELLINGS IN INSTRUCTION BOOKLET.

H7. Is this dwelling a:

- ☐ (a) **Single house** — a single dwelling not attached to any other structure and surrounded on all sides by open space? ☒
- ☐ (b) **Semi-detached or double house** — one of two dwellings attached side by side but not attached to any other structure and surrounded on all sides by open space? ☒
- ☐ (c) **Duplex** — one of two dwellings, one above the other, not attached to any other structure and surrounded on all sides by open space? ☒
- ☐ (d) **Row house** — one of three or more dwellings joined side by side but not having any other dwellings either above or below? ☒
- ☐ (e) **Apartment or multiple dwelling** — a dwelling unit in a duplex attached in a row, a triplex, quadruplex or apartment building or a dwelling in a non-residential structure or in a house that has been converted? ☒
- ☐ (f) **House attached to a non-residential structure** — a dwelling unit attached to another structure at ground level (such as a store, etc.) but separated from it by a common wall running from ground to roof? ☒
- ☐ (g) **Mobile home** (designed and constructed to be transported on its own chassis and capable of being moved on short notice)? ☒
- ☐ (h) **Other movable dwelling** (such as a tent, travel trailer, railroad car or houseboat)? ☒

OFFICE USE ONLY

Coll. ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 0
☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 0

A ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 0
☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 0
☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 0

B ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 0
☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 0
☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 0

Per ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 0
UD FR TR FP
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Q ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 0
☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 0

Rel	MT	A	
0 0	0 0	0	1
1 1	1 1	0	
2 2	2 2	0	F
3 3	3 3	0	
4 4	4 4	0	
5 5	5 5	0	C
6 6	6 6	0	
7 7	7 7	0	
0 0	0 0	0	2
1 1	1 1	0	
2 2	2 2	0	F
3 3	3 3	0	
4 4	4 4	0	
5 5	5 5	0	C
6 6	6 6	0	
7 7	7 7	0	
0 0	0 0	0	3
1 1	1 1	0	
2 2	2 2	0	F
3 3	3 3	0	
4 4	4 4	0	
5 5	5 5	0	C
6 6	6 6	0	
7 7	7 7	0	
0 0	0 0	0	4
1 1	1 1	0	
2 2	2 2	0	F
3 3	3 3	0	
4 4	4 4	0	
5 5	5 5	0	C
6 6	6 6	0	
7 7	7 7	0	
0 0	0 0	0	5
1 1	1 1	0	
2 2	2 2	0	F
3 3	3 3	0	
4 4	4 4	0	
5 5	5 5	0	C
6 6	6 6	0	
7 7	7 7	0	
0 0	0 0	0	6
1 1	1 1	0	
2 2	2 2	0	F
3 3	3 3	0	
4 4	4 4	0	
5 5	5 5	0	C
6 6	6 6	0	
7 7	7 7	0	

CENSUS REPRESENTATIVE'S USE ONLY

UNOCCUPIED DWELLING

A. Was this dwelling ever occupied?

☐ Yes ☒ ☒
☐ No ☒

B. Length of time unoccupied:

☐ Under 1 year ☒
☐ 1 year or more ☒

C. Is this dwelling: (Fill one circle only)

Available?

☐ For rent
☐ For sale

OR Unavailable?

☐ Company maintained
☐ Second home
☐ Rented or sold
☐ For demolition (or expropriated)
☐ Other

D. Code type below in O.E.

Type of dwelling

O.E. ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 0
Type a b c d ☒ e f g h
F.E. ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 0

☐ SEASONAL DWELLING

Hhld. No.

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9
☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☒ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9
☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9

Prov. FED EA Hhld.

<p>PLEASE PRINT THE NAMES OF PERSONS 1, 2 and 3 in the same order as listed in Question 1 on page 2.</p>	<p>7. Are you 15 years of age or older (i.e. born before June 1, 1961)?</p>	<p>8. ELEMENTARY, SECONDARY AND POST-SECONDARY TRAINING (See Instruction Booklet for each question.)</p> <p>(a) What is the highest grade or year of elementary or secondary school you ever attended?</p> <p>(b) How many years of university level education have you completed? Include university transfer courses of community colleges and CEGEPs (general).</p> <p>(c) How many years of post-secondary non- university training at an educational institution have you completed? (e.g. teachers' college, nursing school, community college (vocational and technical), CEGEP (professional), etc.)</p> <p>Fill one circle only</p>			<p>9. Have you attended an educational institution at any time since last September?</p>	<p>10. What degrees, certificates or diplomas have you ever obtained?</p> <p>(See Instruction Booklet.)</p>
<p>PERSON 1</p> <p>----- Last name</p> <p>----- First name Initial</p>	<p><input type="radio"/> No ↓ End here for this person</p> <p><input type="radio"/> Yes ↓ Complete Questions 8 to 12</p>	<p><input type="radio"/> No schooling</p> <p><input type="radio"/> Kindergarten</p> <p><input type="radio"/> 1 <input type="radio"/> 8</p> <p><input type="radio"/> 2 <input type="radio"/> 9</p> <p><input type="radio"/> 3 <input checked="" type="radio"/> 10</p> <p><input type="radio"/> 4 <input type="radio"/> 11</p> <p><input type="radio"/> 5 <input type="radio"/> 12</p> <p><input type="radio"/> 6 <input type="radio"/> 13</p> <p><input type="radio"/> 7</p>	<p><input type="radio"/> None</p> <p><input type="radio"/> 1 year or less</p> <p><input type="radio"/> 2 years</p> <p><input type="radio"/> 3 years</p> <p><input type="radio"/> 4 years</p> <p><input type="radio"/> 5 years</p> <p><input type="radio"/> 6 years or more</p>	<p><input type="radio"/> None</p> <p><input type="radio"/> 1 year or less</p> <p><input type="radio"/> 2 years</p> <p><input type="radio"/> 3 years or more</p>	<p><input type="radio"/> No → Skip to Question 10</p> <p><input type="radio"/> Yes, full-time</p> <p><input type="radio"/> Yes, part-time, day or evening</p> <p>What kind of educational institution was it?</p> <p><input type="radio"/> Elementary or secondary</p> <p><input type="radio"/> University</p> <p><input type="radio"/> Post-secondary non-university</p>	<p><input type="radio"/> None</p> <p><input type="radio"/> Secondary (high) school graduation certificate</p> <p><input type="radio"/> Non-university certificate or diploma (e.g. obtained at teachers' college, nursing school, community college, CEGEP)</p> <p><input type="radio"/> University certificate or diploma below bachelor level</p> <p><input type="radio"/> Bachelor degree(s)</p> <p><input type="radio"/> Degree in medicine, dentistry, or veterinary medicine (M.D., D.D.S. or D.M.D., or D.V.M.)</p> <p><input type="radio"/> Master's degree(s)</p> <p><input type="radio"/> Earned doctorate (e.g. Ph.D.)</p>
<p>PERSON 2</p> <p>----- Last name</p> <p>----- First name Initial</p>	<p><input type="radio"/> No ↓ End here for this person</p> <p><input type="radio"/> Yes ↓ Complete Questions 8 to 12</p>	<p><input type="radio"/> No schooling</p> <p><input type="radio"/> Kindergarten</p> <p><input type="radio"/> 1 <input type="radio"/> 8</p> <p><input type="radio"/> 2 <input type="radio"/> 9</p> <p><input type="radio"/> 3 <input checked="" type="radio"/> 10</p> <p><input type="radio"/> 4 <input type="radio"/> 11</p> <p><input type="radio"/> 5 <input type="radio"/> 12</p> <p><input type="radio"/> 6 <input type="radio"/> 13</p> <p><input type="radio"/> 7</p>	<p><input type="radio"/> None</p> <p><input type="radio"/> 1 year or less</p> <p><input type="radio"/> 2 years</p> <p><input type="radio"/> 3 years</p> <p><input type="radio"/> 4 years</p> <p><input type="radio"/> 5 years</p> <p><input type="radio"/> 6 years or more</p>	<p><input type="radio"/> None</p> <p><input type="radio"/> 1 year or less</p> <p><input type="radio"/> 2 years</p> <p><input type="radio"/> 3 years or more</p>	<p><input type="radio"/> No → Skip to Question 10</p> <p><input type="radio"/> Yes, full-time</p> <p><input type="radio"/> Yes, part-time, day or evening</p> <p>What kind of educational institution was it?</p> <p><input type="radio"/> Elementary or secondary</p> <p><input type="radio"/> University</p> <p><input type="radio"/> Post-secondary non-university</p>	<p><input type="radio"/> None</p> <p><input type="radio"/> Secondary (high) school graduation certificate</p> <p><input type="radio"/> Non-university certificate or diploma (e.g. obtained at teachers' college, nursing school, community college, CEGEP)</p> <p><input type="radio"/> University certificate or diploma below bachelor level</p> <p><input type="radio"/> Bachelor degree(s)</p> <p><input type="radio"/> Degree in medicine, dentistry, or veterinary medicine (M.D., D.D.S. or D.M.D., or D.V.M.)</p> <p><input type="radio"/> Master's degree(s)</p> <p><input type="radio"/> Earned doctorate (e.g. Ph.D.)</p>
<p>PERSON 3</p> <p>----- Last name</p> <p>----- First name Initial</p>	<p><input type="radio"/> No ↓ End here for this person</p> <p><input type="radio"/> Yes ↓ Complete Questions 8 to 12</p>	<p><input type="radio"/> No schooling</p> <p><input type="radio"/> Kindergarten</p> <p><input type="radio"/> 1 <input type="radio"/> 8</p> <p><input type="radio"/> 2 <input type="radio"/> 9</p> <p><input type="radio"/> 3 <input checked="" type="radio"/> 10</p> <p><input type="radio"/> 4 <input type="radio"/> 11</p> <p><input type="radio"/> 5 <input type="radio"/> 12</p> <p><input type="radio"/> 6 <input type="radio"/> 13</p> <p><input type="radio"/> 7</p>	<p><input type="radio"/> None</p> <p><input type="radio"/> 1 year or less</p> <p><input type="radio"/> 2 years</p> <p><input type="radio"/> 3 years</p> <p><input type="radio"/> 4 years</p> <p><input type="radio"/> 5 years</p> <p><input type="radio"/> 6 years or more</p>	<p><input type="radio"/> None</p> <p><input type="radio"/> 1 year or less</p> <p><input type="radio"/> 2 years</p> <p><input type="radio"/> 3 years or more</p>	<p><input type="radio"/> No → Skip to Question 10</p> <p><input type="radio"/> Yes, full-time</p> <p><input type="radio"/> Yes, part-time, day or evening</p> <p>What kind of educational institution was it?</p> <p><input type="radio"/> Elementary or secondary</p> <p><input type="radio"/> University</p> <p><input type="radio"/> Post-secondary non-university</p>	<p><input type="radio"/> None</p> <p><input type="radio"/> Secondary (high) school graduation certificate</p> <p><input type="radio"/> Non-university certificate or diploma (e.g. obtained at teachers' college, nursing school, community college, CEGEP)</p> <p><input type="radio"/> University certificate or diploma below bachelor level</p> <p><input type="radio"/> Bachelor degree(s)</p> <p><input type="radio"/> Degree in medicine, dentistry, or veterinary medicine (M.D., D.D.S. or D.M.D., or D.V.M.)</p> <p><input type="radio"/> Master's degree(s)</p> <p><input type="radio"/> Earned doctorate (e.g. Ph.D.)</p>

11. ACTIVITY IN LABOUR MARKET (including family farm or business)
Please complete all parts.

(a) Last week how many hours did you work for pay or in your own farm, business or professional practice?	(b) Last week how many hours did you help without pay in the operation of a family business or farm? (Do not include volunteer work or housework in own home.)	(c) Last week did you have a job from which you were on temporary lay-off?	(d) Last week did you have definite arrangements to report to a new job at a future date?	(e) Last week did you have a job from which you were absent for all or part of the week because of illness, strike, vacation, training courses, etc.?	(f) Did you look for work last week? For example, contact a Canada Manpower Centre, check with employers, place or answer newspaper ads, etc.
<input type="radio"/> None <input type="radio"/> 1-14 <input type="radio"/> 15-19 <input type="radio"/> 20 or more	<input type="radio"/> None <input type="radio"/> 1-14 <input type="radio"/> 15-19 <input type="radio"/> 20 or more	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes Skip to Question 12. <input type="radio"/> Yes Were you available to start work last week? <input type="radio"/> No <input type="radio"/> Yes
<input type="radio"/> None <input type="radio"/> 1-14 <input type="radio"/> 15-19 <input type="radio"/> 20 or more	<input type="radio"/> None <input type="radio"/> 1-14 <input type="radio"/> 15-19 <input type="radio"/> 20 or more	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes Skip to Question 12. <input type="radio"/> Yes Were you available to start work last week? <input type="radio"/> No <input type="radio"/> Yes
<input type="radio"/> None <input type="radio"/> 1-14 <input type="radio"/> 15-19 <input type="radio"/> 20 or more	<input type="radio"/> None <input type="radio"/> 1-14 <input type="radio"/> 15-19 <input type="radio"/> 20 or more	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes Skip to Question 12. <input type="radio"/> Yes Were you available to start work last week? <input type="radio"/> No <input type="radio"/> Yes

12.

Where did you live 5 years ago, on June 1, 1971?

- ☐ Same dwelling
☐ Different dwelling in **same** city, town, village or municipality
☐ Outside Canada
☐ Different city, town, village or municipality in Canada. Print its name below.

City, town, village, municipality, etc.

County

Province

Important: If outside city or town limits, specify name of suburban municipality and not main city or town.

- ☐ Same dwelling
☐ Different dwelling in **same** city, town, village or municipality
☐ Outside Canada
☐ Different city, town, village or municipality in Canada. Print its name below.

City, town, village, municipality, etc.

County

Province

Important: If outside city or town limits, specify name of suburban municipality and not main city or town.

- ☐ Same dwelling
☐ Different dwelling in **same** city, town, village or municipality
☐ Outside Canada
☐ Different city, town, village or municipality in Canada. Print its name below.

City, town, village, municipality, etc.

County

Province

Important: If outside city or town limits, specify name of suburban municipality and not main city or town.

OFFICE
USE
ONLY

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PN ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

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PN ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

C ☐ ☐

PLEASE PRINT
THE NAMES OF PERSONS
4, 5 and 6
in the same order as listed
in Question 1 on page 2.

PERSON 4

Last name

First name

Initial

PERSON 5

Last name

First name

Initial

PERSON 6

Last name

First name

Initial

7.

Are you 15 years
of age or older
(i.e. born before
June 1, 1961)?

☐ No
↓
End here for
this person

☐ Yes
↓
Complete
Questions 8
to 12

8.

ELEMENTARY, SECONDARY AND POST-SECONDARY TRAINING

(See Instruction Booklet for each question.)

(a) What is the
highest grade
or year of
elementary or
secondary
school you
ever attended?

Fill one circle only

☐ No schooling
☐ Kindergarten
☐ 1 ☐ 8
☐ 2 ☐ 9
☐ 3 ☒ 10
☐ 4 ☐ 11
☐ 5 ☐ 12
☐ 6 ☐ 13
☐ 7

(b) How many years of
university level education
have you completed?
Include university
transfer courses of
community colleges and
CEGEPs (general).

☐ None
☐ 1 year or less
☐ 2 years
☐ 3 years
☐ 4 years
☐ 5 years
☐ 6 years or more

(c) How many years of
post-secondary non-
university training
at an educational
institution have
you completed?
(e.g. teachers' college,
nursing school,
community college
(vocational and
technical), CEGEP
(professional), etc.)

☐ None
☐ 1 year or less
☐ 2 years
☐ 3 years or more

9.

Have you attended
an educational
institution at any time
since last September?

☐ No → Skip to
Question 10
☐ Yes, full-time
☐ Yes, part-time,
day or evening

What kind of
educational
institution
was it?

☐ Elementary or
secondary
☐ University
☐ Post-secondary
non-university

10.

What degrees,
certificates or diplomas
have you ever obtained?

(See Instruction Booklet.)

☐ None
☐ Secondary (high) school
graduation certificate
☐ Non-university certificate or
diploma (e.g. obtained at
teachers' college, nursing
school, community college,
CEGEP)
☐ University certificate or diploma
below bachelor level
☐ Bachelor degree(s)
☐ Degree in medicine, dentistry,
or veterinary medicine (M.D.,
D.D.S. or D.M.D., or D.V.M.)
☐ Master's degree(s)
☐ Earned doctorate (e.g. Ph.D.)

☐ None
☐ Secondary (high) school
graduation certificate
☐ Non-university certificate or
diploma (e.g. obtained at
teachers' college, nursing
school, community college,
CEGEP)
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or veterinary medicine (M.D.,
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☐ None
☐ Secondary (high) school
graduation certificate
☐ Non-university certificate or
diploma (e.g. obtained at
teachers' college, nursing
school, community college,
CEGEP)
☐ University certificate or diploma
below bachelor level
☐ Bachelor degree(s)
☐ Degree in medicine, dentistry,
or veterinary medicine (M.D.,
D.D.S. or D.M.D., or D.V.M.)
☐ Master's degree(s)
☐ Earned doctorate (e.g. Ph.D.)

11. ACTIVITY IN LABOUR MARKET (including family farm or business) Please complete all parts.

(a) Last week how many hours did you work for pay or in your own farm, business or professional practice?	(b) Last week how many hours did you help without pay in the operation of a family business or farm? (Do not include volunteer work or housework in own home.)	(c) Last week did you have a job from which you were on temporary lay-off?	(d) Last week did you have definite arrangements to report to a new job at a future date?	(e) Last week did you have a job from which you were absent for all or part of the week because of illness, strike, vacation, training courses, etc.?	(f) Did you look for work last week? For example, contact a Canada Manpower Centre, check with employers, place or answer newspaper ads, etc.	12. Where did you live 5 years ago, on June 1, 1971?	OFFICE USE ONLY
<input type="radio"/> None <input type="radio"/> 1-14 <input type="radio"/> 15-19 <input type="radio"/> 20 or more	<input type="radio"/> None <input type="radio"/> 1-14 <input type="radio"/> 15-19 <input type="radio"/> 20 or more	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes Skip to Question 12. <input checked="" type="checkbox"/> Were you available to start work last week? <input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> Same dwelling <input type="radio"/> Different dwelling in same city, town, village or municipality <input type="radio"/> Outside Canada <input type="radio"/> Different city, town, village or municipality in Canada. Print its name below. ----- City, town, village, municipality, etc. ----- County ----- Province ----- Important: If outside city or town limits, specify name of suburban municipality and not main city or town.	0 0 0 0 0 0 0 0 1 1 1 1 1 1 1 1 2 2 2 2 2 2 2 2 3 3 3 3 3 3 3 3 4 4 4 4 4 4 4 4 5 5 5 5 5 5 5 5 6 6 6 6 6 6 6 6 7 7 7 7 7 7 7 7 8 8 8 8 8 8 8 8 9 9 9 9 9 9 9 9 PN 1 2 3 4 5 6 C 0 0
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For telephone assistance

Telephone Assistance Service is available from 9 a.m. to 9 p.m. from Thursday, May 27 through Friday, June 4 (excluding Sunday).

If you live within the local calling area of one of the cities listed below, dial the number shown opposite the name of the city.

Service auxiliaire téléphonique

Le Service auxiliaire téléphonique sera accessible de 9 heures du matin à 9 heures du soir, entre le jeudi 27 mai et le vendredi 4 juin (sauf le dimanche).

Si vous habitez dans le secteur de service local d'une des villes ci-après, composez le numéro indiqué.

ST. JOHN'S (NFLD.)	754 - 2600
HALIFAX	426 - 7711
MONTREAL	283 - 1300
OTTAWA	238 - 1776
TORONTO	698 - 0200
WINNIPEG	885 - 2221
EDMONTON	423 - 5565
VANCOUVER	669 - 1976

In all other areas, call the long distance operator and ask for ZENITH 0-1976. You will be connected to the nearest Telephone Assistance Service, without charge.

Si vous habitez dans un autre secteur, demandez à la téléphoniste de vous donner ZENITH 0-1976. Elle vous mettra en communication, sans frais, avec le Service auxiliaire téléphonique le plus rapproché.

CENSUS REPRESENTATIVE'S USE ONLY

Whom to include?

To make certain that every Canadian resident is counted in the census (and that no one is counted more than once) the following guide should be used when deciding who should be included on this questionnaire.

INCLUDE:

- everyone who usually lives here;
- members of the household who are temporarily away (e.g., students at school or university, members of the household travelling or visiting elsewhere);
- persons staying or visiting here who have no other usual home;
- persons who normally live here but have been in an institution (e.g., hospital, sanatorium) for a period of less than six months;
- lodgers, boarders, servants, hired hands and other non-relatives living here;
- infants born *before midnight, May 31, 1976*;
- deceased members of the household *who were alive at midnight, May 31, 1976*;
- unmarried persons who have a home elsewhere but who stay in this household most of the week while working.

DO NOT INCLUDE:

- infants born *after midnight, May 31, 1976*;
- persons away in an institution (e.g., hospital, sanatorium) if they have been there for a period of six months or more;
- persons away from home in the permanent Armed Forces;
- foreign government representatives or members of the Armed Forces of another country and members of their families who are not citizens of Canada;
- unmarried sons or daughters who live elsewhere most of the week while working, even if they return home on weekends.

HOUSEHOLDER COMMENTS



Statistics Canada

Statistique Canada

Dear Householder:

Tuesday, June 1, is Census Day in Canada. Once every five years, Statistics Canada is required by law to take a complete inventory of the Canadian people.

By taking part in this national census, you will be helping to find out how our population has changed, how we live and work and other information essential in planning for the future. Census information is the basis for many important decisions by business and industry, governments, community and labour organizations. It is of fundamental importance to your community, your province and to Canada. For example, census figures are used extensively in the determination of government financial grants.

The Census of Canada is taken under the authority of the Statistics Act, which requires everyone to provide the information requested. The information you give will be kept confidential and used only to produce statistics. The Act ensures that no one will know what answers you gave except for sworn employees of Statistics Canada and they are subject to legal penalties if they disclose personal census information to anyone else. No other individual and no other government department is permitted access to your census questionnaire.

To assist you, an Instruction Booklet is enclosed with this questionnaire. If you need any further help, please use our Telephone Assistance Service. You will find the number to call listed on the cover of this questionnaire.

Thank you for your co-operation.

Chief Statistician,
Ottawa, Canada.
May 1976